

Fill in this information to identify the case:

Debtor name Hal Luftig Company, Inc.

United States Bankruptcy Court for the:
Southern District of New York

Case number (if known): _____

☐ Check if this is an
amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/30/2022
MM/ DD/ YYYY

X /s/ Hal Luftig
Signature of individual signing on behalf of debtor

Hal Luftig
Printed name

President
Position or relationship to debtor

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Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Amy Deutsch 4511 South Ocean Blvd. Apt. 703 Boca Raton, FL 33487		Promissory Note				\$75,000.00
2	Citizens One Attn: Officer, manager, authorized agent One Citizens Plaza Providence, RI 02903		Loan for cell phone				\$1,373.18
3	FCP Entertainment Partners, LLC c/o Lippes Mathias, Attn: R. Scherer 50 Fountain Plaza 1700 Buffalo, NY 14202		Arbitration Award; Judgment	Disputed Unliquidated			\$2,638,925.78
4	Kevin Connor 430 Convent Ave New York, NY 10031-3629		Commissions in connection with Plaza Suite Production				\$51,400.00
5	U.S. Small Business Administration Attn: SBA Disaster Loan Service Center 2 North 20th Street Suite 320 Birmingham, AL 35203		Economic Injury Disaster Loan				\$150,000.00
6							
7							
8							

Debtor Hal Luftig Company, Inc.
Name

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

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Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$133.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1 JPMorgan Chase

Checking account

5170

\$99,668.04

Additional Page Total - See continuation page for additional entries

\$6,226.33

4. Other cash equivalents (Identify all)

None

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$106,027.37

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

☒ No. Go to Part 3.

☐ Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

None

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8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

None

9. Total of Part 2

Add lines 7 through 8 (including amounts on any additional sheets). Copy the total to line 81.

\$0.00

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☒ No. Go to Part 4.

☐ Yes. Fill in the information below.

Current value of debtor's
interest

11. Accounts Receivable

11a. 90 days old or less: _____ - _____ = → _____
face amount doubtful or uncollectible accounts

11b. Over 90 days old: _____ - _____ = → _____
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments

13. Does the debtor own any investments?

☐ No. Go to Part 5.

☒ Yes. Fill in the information below.

Valuation method used for
current value

Current value of debtor's
interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

None

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of fund or stock:

% of
ownership:

General Partner interests in The British Invasion
15.1 Development LLC 25.00% _____ (Unknown)

Additional Page Total - See continuation page for additional entries

\$0.00

Debtor Hal Luftig Company, Inc.
Name

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16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

None

17. Total of Part 4

Add lines 14 through 16 (including any additional sheets). Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.
☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	-------------------------------------	--	---	------------------------------------

19. Raw materials

None

20. Work in progress

None

21. Finished goods, including goods held for resale

None

22. Other inventory or supplies

None

23. Total of Part 5

Add lines 19 through 22 (including any additional sheets). Copy the total to line 84.

\$0.00

24. Is any of the property listed in Part 5 perishable?

- ☒ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

Debtor Hal Luftig Company, Inc.
Name

Case number (if known) _____

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops — either planted or harvested

None

29. Farm animals *Examples: Livestock, poultry, farm-raised fish*

None

30. Farm machinery and equipment (Other than titled motor vehicles)

None

31. Farm and fishing supplies, chemicals, and feed

None

32. Other farming and fishing-related property not already listed in Part 6

None

33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

\$0.00

34. Is the debtor a member of an agricultural cooperative?

- ☒ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
☐ Yes

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

Debtor Hal Luftig Company, Inc.
Name

Case number (if known) _____

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture

39.1 Filing cabinets, desks (Unknown) \$1,200.00

40. Office fixtures

None

41. Office equipment, including all computer equipment and communication systems equipment and software

41.1 Scanner (Unknown) \$100.00

42. Collectibles *Examples: Antiques and figurines; paintings, prints or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles*

None

43. Total of Part 7

Add lines 39 through 42. Copy the total to line 86.

\$1,300.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

None

Debtor Hal Luftig Company, Inc.
Name

Case number (if known) _____

48. **Watercraft, trailers, motors, and related accessories** *Examples:*
Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

None

49. **Aircraft and accessories**

None

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

None

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real Property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes. Fill in the information below.

General description

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available

Nature and extent of debtor's interest in property

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has interest**

None

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.3 and entries from any addition sheets. Copy the total to line 88.

\$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor Hal Luftig Company, Inc.
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Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

60. Patents, copyrights, trademarks, and trade secrets

None

61. Internet domain names and websites

61.1 Website halluftigcompany.com (Unknown) (Unknown)

Additional Page Total - See continuation page for additional entries \$0.00

62. Licenses, franchises, and royalties

None

63. Customer lists, mailing lists, or other compilations

None

64. Other intangibles, or intellectual property

None

65. Goodwill

65.1 Goodwill (Unknown) (Unknown)

66. Total of Part 10

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers? (as defined in 11 U.S.C. §§ 101(41A) and 107)

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

Debtor Hal Luftig Company, Inc.
Name

Case number (if known) _____

70. Does the debtor own any other assets that have not yet been reported on this form?

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

**Current value of debtor's
interest**

71. Notes receivable

Description (include name of obligor)

None

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

None

73. Interests in insurance policies or annuities

None

74. Causes of action against third parties (whether or not a lawsuit has been filed)

None

**75. Other contingent and unliquidated claims or causes of action of every nature,
including counterclaims of the debtor and rights to set off claims**

None

76. Trusts, equitable or future interests in property

None

77. Other property of any kind not already listed *Examples: Season tickets,
country club membership*

None

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor Hal Luftig Company, Inc.
Name

Case number (if known) _____

Part 12: Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$106,027.37</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; collectibles. <i>Copy line 43, Part 7.</i>	<u>\$1,300.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i>		→ <u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column.....	91a. <u>\$107,327.37</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92		<u>\$107,327.37</u>

Debtor Hal Luftig Company, Inc.
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Additional Page

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts - Continued

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.2 <u>City National Bank, N.A.</u>	<u>Checking account</u>	<u>8061</u>	<u>\$6,226.33</u>
3.3 <u>City National Bank, N.A.</u>	<u>Money market account</u>	<u>0846</u>	<u>\$0.00</u>

Valuation method used for current value **Current value of debtor's interest**

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture - Continued

Name of fund or stock:	% of ownership:		
15.2 <u>Membership interests in The Boots Are Back LLC</u>	<u>14.04%</u>		<u>(Unknown)</u>
15.3 <u>Membership interests in Becoming Nancy LLC</u>	<u>25.00%</u>		<u>(Unknown)</u>
15.4 <u>Limited partner interests in Rent North America LLC</u>	<u>3.91%</u>		<u>(Unknown)</u>
15.5 <u>Limited partner interests in Modern Millie LLC</u>	<u>14.06%</u>		<u>(Unknown)</u>
15.6 <u>General Partner interests in Kinky Boots LLC (pursuant to a final arbitration award, FCP Entertainment Partners, LLC is entitled to 55% of the Debtor's profits from this entity)</u>	<u>15.73%</u>		<u>(Unknown)</u>
15.7 <u>Limited partner interests in Utopia Broadway LLC</u>	<u>2.34%</u>		<u>(Unknown)</u>
15.8 <u>General Partner interests in The British Invasion Development Company LLC</u>	<u>25.00%</u>		<u>(Unknown)</u>
15.9 <u>General Partner interests in Kinky Boots Japan LLC</u>	<u>50.00%</u>		<u>(Unknown)</u>
15.10 <u>General Partner Interests in Yiddler Company LLC</u>	<u>32.50%</u>		<u>(Unknown)</u>
15.11 <u>Limited partner interests in SIX On Broadway Limited Partnership</u>	<u>0.25%</u>		<u>(Unknown)</u>
15.12 <u>General Partner interests in Midnight Development LLC</u>	<u>50.00%</u>		<u>(Unknown)</u>
15.13 <u>General Partner interests in Suite 719 LLC</u>	<u>11.50%</u>		<u>(Unknown)</u>

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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61. Internet domain names and websites - Continued

61.2 <u>Website and domain name halluftig.com</u>	<u>(Unknown)</u>		<u>(Unknown)</u>
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Fill in this information to identify the case:

Debtor name Hal Luftig Company, Inc.
United States Bankruptcy Court for the: Southern District of New York
(State)
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
☐ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.1 Creditor's name

Describe debtor's property that is subject to a lien

Creditor's mailing address

Describe the lien

Creditor's email address, if known

Is the creditor an insider or related party?

- ☐ No
☐ Yes

Date debt was incurred

Is anyone else liable on this claim?

- ☐ No
☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☐ No
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

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United States Bankruptcy Court for the:

Southern District of New York

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

Kevin Connor

430 Convent Ave

New York, NY 10031-3629

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) (4)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the Claim:

Commissions in connection with Plaza
Suite Production

Is the claim subject to offset?

☒ No

☐ Yes

Total claim

\$51,400.00

Priority amount

\$13,650.00

2.2 Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account
number

Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a)

Is the claim subject to offset?

☐ No

☐ Yes

Debtor Hal Luftig Company, Inc.
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Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <u>Adobe Services</u> Attn: Officer, manager, authorized agent <u>345 Park Avenue</u> <u>San Jose, CA 95110-2704</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.2	Nonpriority creditor's name and mailing address <u>Amy Deutsch</u> <u>4511 South Ocean Blvd. Apt. 703</u> <u>Boca Raton, FL 33487</u> Date or dates debt was incurred <u>11/22/2022</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Promissory Note</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$75,000.00</u>
3.3	Nonpriority creditor's name and mailing address <u>California Department of Tax and Fee Administration</u> <u>PO Box 942879</u> <u>Sacramento, CA 94279-0001</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Notice purpose only.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.4	Nonpriority creditor's name and mailing address <u>Citizens One</u> Attn: Officer, manager, authorized agent <u>One Citizens Plaza</u> <u>Providence, RI 02903</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan for cell phone</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,373.18</u>

Debtor Hal Luftig Company, Inc. Case number (if known) _____
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<p>3.5 Nonpriority creditor's name and mailing address</p> <p><u>CNA Insurance</u></p> <p><u>Attn: Officer, Manager, Authorized Agent</u></p> <p><u>PO Box Box 382033</u></p> <p><u>Pittsburgh, PA 15250</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Insurance</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.6 Nonpriority creditor's name and mailing address</p> <p><u>DropBox, Inc.</u></p> <p><u>Attn.: Officer, Manager, Authorized Agent</u></p> <p><u>1800 Owens Street 200</u></p> <p><u>San Francisco, CA 94158</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.7 Nonpriority creditor's name and mailing address</p> <p><u>FCP Entertainment Partners, LLC</u></p> <p><u>c/o Lippes Mathias, Attn: R. Scherer</u></p> <p><u>50 Fountain Plaza 1700</u></p> <p><u>Buffalo, NY 14202</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>\$2,638,925.78</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Arbitration Award; Basis for the claim: <u>Judgment</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.8 Nonpriority creditor's name and mailing address</p> <p><u>Google Workspace</u></p> <p><u>Attn.: Officer, Manager, Authorized Agent</u></p> <p><u>1600 Amphitheatre Parkway</u></p> <p><u>Mountain View, CA 94043</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number ____ _</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Service</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor Hal Luftig Company, Inc. Case number (if known) _____
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<p>3.9 Nonpriority creditor's name and mailing address</p> <p><u>Hal Luftig</u></p> <p><u>117 West 17th Street #2C</u></p> <p><u>New York, NY 10011</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$164,505.74</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Promissory Note for loan to Debtor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.10 Nonpriority creditor's name and mailing address</p> <p><u>Internal Revenue Service</u></p> <p><u>Centralized Insolvency Operations</u></p> <p><u>P.O. Box 7346</u></p> <p><u>Philadelphia, PA 19101-7346</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Notice purpose only.</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.11 Nonpriority creditor's name and mailing address</p> <p><u>John Cahill, Esq</u></p> <p><u>Regional Counsel for NY/NJ</u></p> <p><u>U.S. Department of Housing & Urban Development</u></p> <p><u>26 Federal Plaza 3500</u></p> <p><u>New York, NY 10278</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Notice purpose only.</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.12 Nonpriority creditor's name and mailing address</p> <p><u>Luftig-Haffner-Chapman Theatrical</u></p> <p><u>Attn: Officer, Manager, Authorized Agent</u></p> <p><u>117 W 17th St Apt 2c</u></p> <p><u>New York, NY 10011-5446</u></p> <p>Date or dates debt was incurred <u>12/9/2019</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$50,000.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Unsecured loan</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor Hal Luftig Company, Inc. Case number (if known) _____
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3.13	Nonpriority creditor's name and mailing address <u>Michigan Department of Treasury</u> <u>Litigation Liaison</u> <u>Austin Building</u> <u>430 West Allegan Street 2nd Floor</u> <u>Lansing, MI 48922</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Notice purpose only.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address <u>NYC Dept. of Finance</u> <u>Office of Legal Affairs</u> <u>375 Pearl Street 30th Fl</u> <u>New York, NY 10038</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Notice purpose only.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address <u>NYS Dept of Tax & Finance</u> <u>Bankruptcy Unit</u> <u>POB 5300</u> <u>Albany, NY 12205</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Notice purpose only.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address <u>NYS Unemployment Insurance Fund</u> <u>P.O. Box 551</u> <u>Albany, NY 12201</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Notice purpose only.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Hal Luftig Company, Inc.
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3.17	Nonpriority creditor's name and mailing address <u>Parking Violations Bureau</u> <u>210 Joralemon Avenue</u> <u>Brooklyn, NY 11201</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Notice purpose only.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address <u>Pitney Bowes Inc.</u> Attn: Manager, general, or authorized agent <u>3001 Summer Street</u> <u>Stamford, CT 06905</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease for postage machine</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	Nonpriority creditor's name and mailing address <u>Robert Roberts</u> <u>Office of Sit Remediation and Enforcement</u> <u>Office of Enforcement & Compliance</u> <u>1200 Pennsylvania Ave, NW</u> <u>Washington, DC 20004</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Notice purpose only.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	Nonpriority creditor's name and mailing address <u>Social Security Administration</u> <u>Office of Regional Chief Counsel</u> <u>Region II</u> <u>26 Federal Plaza 3904</u> <u>New York, NY 10278</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Notice purpose only.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Hal Luftig Company, Inc. Case number (if known) _____
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<p>3.21 Nonpriority creditor's name and mailing address</p> <p><u>State of California Franchise Tax Board</u></p> <p><u>Franchise Tax Board</u></p> <p><u>Bankruptcy Unit</u></p> <p><u>P.O. Box 2952 MS A 340</u></p> <p><u>Sacramento, CA 95812</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Notice purpose only.</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.22 Nonpriority creditor's name and mailing address</p> <p><u>T-Mobile</u></p> <p><u>Attn: Officer, Manager, Authorized Agent</u></p> <p><u>PO Box 54310</u></p> <p><u>Bellevue, WA 98015-3410</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.23 Nonpriority creditor's name and mailing address</p> <p><u>U.S. Securities and Exchange Commission</u></p> <p><u>Bankruptcy Group, Brookfield Place</u></p> <p><u>200 Vesey Street 400</u></p> <p><u>New York, NY</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Notice purpose only.</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.24 Nonpriority creditor's name and mailing address</p> <p><u>U.S. Small Business Administration</u></p> <p><u>Attn: SBA Disaster Loan Service Center</u></p> <p><u>2 North 20th Street Suite 320</u></p> <p><u>Birmingham, AL 35203</u></p> <p>Date or dates debt was incurred <u>6/2/2020</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$150,000.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Economic Injury Disaster Loan</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor Hal Luftig Company, Inc.
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3.25	Nonpriority creditor's name and mailing address <u>United States Attorney's Office</u> <u>Southern District of NY</u> <u>Attn. Tax and Bankruptcy Unit</u> <u>86 Chambers Street 3rd fl</u> <u>New York, NY 10007</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Notice purpose only.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address <u>Verizon</u> <u>Attn: Manager, officer, authorized agent</u> <u>1310 North Courthouse Road</u> <u>Arlington, VA 22201</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address <u>Zoom</u> <u>Attn.: Officer, Manager, Authorized Agent</u> <u>55 Almaden Blvd. 6th Floor</u> <u>San Jose, CA 95113</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Hal Luftig Company, Inc.
Name

Case number (if known) _____

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>FCP Entertainment Partners, LLC</u> <u>Attn: Warren Trepp</u> <u>PO Box Box 19688</u> <u>Reno, NV 89511</u>	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____ _____	____ _
4.2	<u>FCP Entertainment Partners, LLC</u> <u>c/o RBS&L</u> <u>Attn: F. Gilmore</u> <u>71 Washington Street</u> <u>Reno, NV 89503</u>	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____ _____	____ _

Debtor Hal Luftig Company, Inc.
Name

Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$51,400.00

5b. Total claims from Part 2

5b. + \$3,079,804.70

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

5c. \$3,131,204.70

Fill in this information to identify the case:

Debtor name Hal Luftig Company, Inc.

United States Bankruptcy Court for the:
Southern District of New York

Case number (if known): _____ Chapter 11

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Postage machine</p> <p>Contract to be ASSUMED</p> <p>State the term remaining</p> <p>0 months</p> <p>List the contract number of any government contract</p>	<p>Pitney Bowes Inc.</p> <p>Attn: Manager, general, or authorized agent</p> <p>3001 Summer Street</p> <p>Stamford, CT 06905</p>
2.2	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>Cloud based payroll services</p> <p>Contract to be ASSUMED</p> <p>State the term remaining</p> <p>0 months</p> <p>List the contract number of any government contract</p>	<p>Gusto, Inc.</p> <p>Attn: Officer, manager, authorized agent</p> <p>525 20th Street</p> <p>San Francisco, CA 94107</p>
2.3	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p></p> <p></p> <p></p>
2.4	<p>State what the contract or lease is for and the nature of the debtor's interest</p> <p>State the term remaining</p> <p>List the contract number of any government contract</p>	<p></p> <p></p> <p></p>

Fill in this information to identify the case:

Debtor name Hal Luftig Company, Inc.

United States Bankruptcy Court for the: Southern District of New York
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

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Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>Luftig, Hal</u>	<u>117 W 17th St Apt 2c</u> Street <u>New York, NY 10011-5446</u> City State ZIP Code	<u>FCP Entertainment Partners, LLC</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 _____	_____ Street _____ City State ZIP Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Hal Luftig Company, Inc.
Name

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.6	<div>Street</div> <div></div> <div>CityStateZIP Code</div>	<div></div>	<div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>

Fill in this information to identify the case:

Debtor name Hal Luftig Company, Inc.

United States Bankruptcy Court for the:
Southern District of New York

Case number (if known): _____ Chapter 11

☐ Check if this is an
amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real Property:**

Copy line 88 from *Schedule A/B*.....

\$0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*.....

\$107,327.37

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*.....

\$107,327.37

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$0.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$51,400.00

3b. **Total amount of claims of non-priority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$3,079,804.70

4. **Total liabilities**.....

Lines 2 + 3a + 3b

\$3,131,204.70